

**L120000 39396**

Wayne Gould  
Gould, Adejola and Associates Inc.  
4330 W Broward Blvd Suite O  
Plantation FL 33317-3754

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

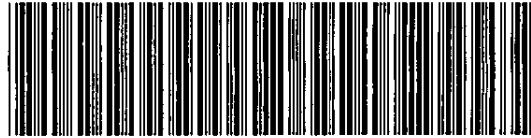
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

MAR 21 2012

EXAMINER

EFFECTIVE DATE 03/14/12

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY**

**ARTICLE I – NAME:**

The name of the Limited Liability Company is COLOMBIA INVESTMENTS LLC.

**ARTICLE II – ADDRESS:**

The principal place of business and mailing address is 539 SW SUNDANCE TRAIL,  
PORT ST. LUCIE, FL 34953

**ARTICLE III – REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT SIGNATURE:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent is:-

Wayne A. Gould  
4330 West Broward Boulevard  
Suite O  
Plantation, Florida 33317

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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

  
\_\_\_\_\_  
Registered Agent's Signature

**ARTICLE IV – Manager (s) or Managing Member (s)**

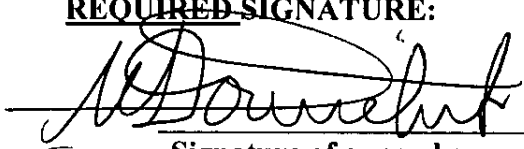
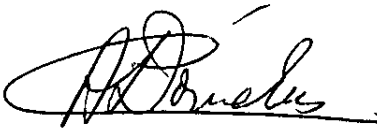
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>		<u>Name and Address:</u>
MGR	Manager	Wilner Dorvelus, 8215 Rue Odile, Brossard, QC J4Y 2W6
MGRM	Managing Member	Cylia Dorvelus, 8215 Rue Odile, Brossard, QC J4Y 2W6

**ARTICLE V**

Effective date, if other than the date of filing: **March 14, 2012.**

**REQUIRED SIGNATURE:**

   
Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155,F.S.)

Wilner Dorvelus CYLIA Dorvelus  
Typed or printed name of signee

EFFECTIVE DATE 03/14/12

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TALLAHASSEE FLORIDA